

**WEST VIRGINIA
CONSERVATIVE
FOUNDATION**

P.O. Box 11572
Charleston, WV 25339
info@wvconservatives.com

FACSIMILE TRANSMISSION

	RECIPIENT	COMPANY	PHONE NO.	FAX NO.
TO:	Federal Election Commission			202-219-0174

FROM: West Virginia Conservative Foundation

DATE: October 31, 2010

RE: Electioneering Communication Report (FEC-9) for West Virginia
Conservative Foundation, Inc. C90012188

NUMBER OF PAGES (including this coversheet): 5

If you do not receive all the pages, please call back as soon as possible to (304)-342-1842.

COMMENTS:

5534301.3

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

West Virginia Conservative Foundation, Inc.(b) Address (number and street) ☐ check if different than previously reportedP.O. Box 11572

(c) City, State and ZIP Code

Charleston WV 25339

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification NumberC90012188**3. Is This Statement**☒ **New**

or

Amended**4. Covering Period**10 30 2010

through

10 31 2010**5. (a) Date of Public Distribution(s)**10 31 2010

(b) Communication Title

EPA Withdraws Permit**6. The filer is a(n):** (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes

No ☒**8. Custodian of Records**

(a) Name

Nathaniel Lieberman

(b) Address (number and street)

1514 Virginia Street East

(c) City, State and ZIP Code

Charleston WV 25311

(d) Name of Employer or Principal Place of Business

(e) Occupation

SelfPhotographer**9. Total Donations This Statement****10. Total Disbursements/Obligations This Statement**17,500.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Nathaniel Thorney Lieberman, Sec/Treasurer

SIGNATURE

DATE 10/31/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

FEC FORM 9 (REV. 12/2007)

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 1 OF 1

11. Person(s) Sharing/Exercising Control

A. (a) Name <u>Nathaniel</u> <u>"Thorney" Lieberman</u>	
(b) Address (number and street) <u>1514 Virginia St, East</u>	
(c) City, State and ZIP Code <u>Charleston WV 25311</u>	
(d) Name of Employer or Principal Place of Business <u>Self</u>	(e) Occupation <u>Photographer</u>
B. (a) Name <u>Lance E. Schultz</u>	
(b) Address (number and street) <u>1537 Bedford Road</u>	
(c) City, State and ZIP Code <u>Charleston WV 25314</u>	
(d) Name of Employer or Principal Place of Business <u>Self</u>	(e) Occupation <u>Entrepreneur</u>
C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-A**Donation(s) Received**

PAGE 1 OF 1

A. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount
B. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount
C. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount
D. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount
E. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount
SUBTOTAL of Donations This Page (optional)	
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)	

SCHEDULE 9-B**Disbursement(s) Made or Obligation(s)**

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee <u>Target Enterprises, LLC</u>				Date of Disbursement or Obligation <u>10 30 2010</u>	
Mailing Address of Payee <u>16501 Ventura Blvd, Suite 515</u>				Amount <u>17 500 00</u>	
City <u>Encino</u>		State <u>CA</u>		Zip Code <u>91436</u>	
Name of Employer <u>Target Enterprises, LLC</u>				Communication Date <u>10 31 2010</u>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Radio Ad "EPA Withdraws Permit"</u>					
Name of Federal Candidate <u>Nick Rahall</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>WV</u> District: <u>3</u>	
				Disbursement/Obligation For: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
				Disbursement/Obligation For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
				Disbursement/Obligation For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
B. Full Name (Last, First, Middle Initial) of Payee					
Mailing Address of Payee				Date of Disbursement or Obligation	
City				Amount	
State		Zip Code		Communication Date	
Name of Employer				Occupation	
Purpose of Disbursement (Including title(s) of communication(s))					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
				Disbursement/Obligation For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
				Disbursement/Obligation For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
				Disbursement/Obligation For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶					
TOTAL This Period (last page this line number only) ▶					
(carry total from last page to Line 10)					

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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